No. 2
-12-45
-17-39
X47070

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35064

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 9146

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8/7/45 to 10/25/46 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Drabelle
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Separated
6. (b). Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec, 16th 1857 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
88	10	9	hr. min.

9. Birthplace Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Lawer
11. Industry or business
12. Name Joseph (Father)
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown (Mother)
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Chas. A. Bull Jr.
(b) Address 4452 Washington Blvd.
19. (a) OCT 25 1946 (Date received local registrar) J. F. Obrecht (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct, day 25th year 1946 hour 2 minute 25 A M.
21. I hereby certify that I attended the deceased from 8-7, 1945 to October 25, 1946 that I last saw him alive on October 25, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease — Duration 1945
Due to Generalized Arterio-Sclerosis — Unknown
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Palmer Amann Bowdish (M. D. or other)
Address 5800 Arsenal Street Date signed 10/26/46

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....Ronald Yahnke.....

Licensed Embalmer No.....3917.....

P. O. Address.....St Louis Mo.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.